01750

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR FALLSTOWN BAP. CHURCH DATE 4-25-85. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION State Park Rd. - off Perth Church Rd. - approx ½ mi. on R.

SUBDIVISION NAME _____ LOT NO. 4 S. R. No. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) ~~Business (✓)~~ CHURCH Other _____

No. Bedrooms _____ No. Bathrooms 4

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable Yes (✓) No ( )

Lot Area Acres

Character & Porosity of Soil Prev. Suitable

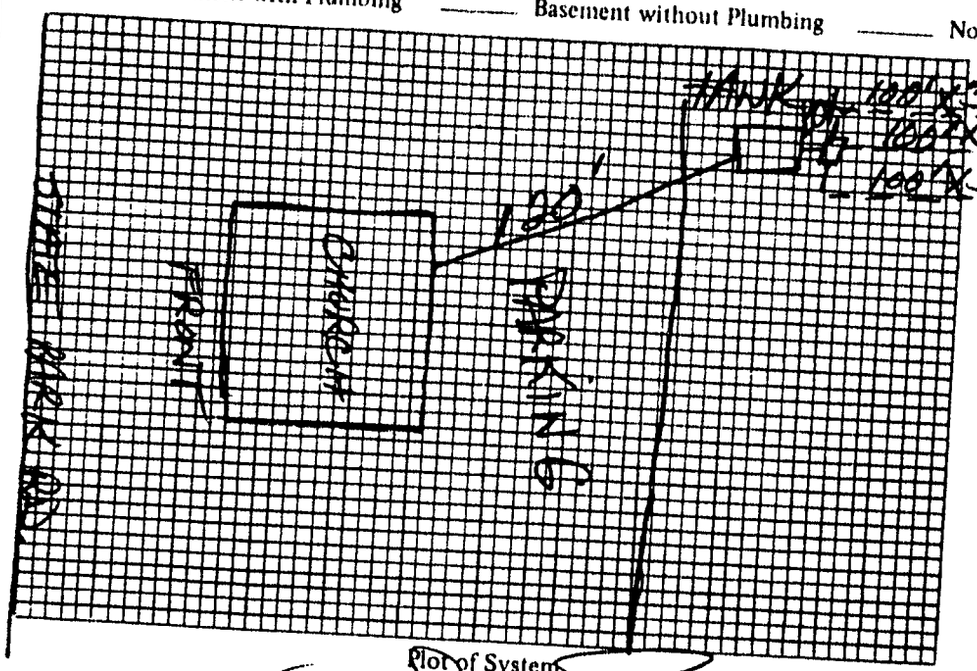
Percolation Rate 5 gal./sq. ft.

Topography 2-6%

Depth to Water Table 16"

Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field: No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12

Water Supply: Individual (✓)

Public ( )

Installed by AAA ENTERPRISES

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Well over 100' away.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 4-25-85.

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold